

MONTANA BOILER OPERATOR/ENGINEER PROGRAM

301 South Park Avenue
PO Box 200513
Helena Montana 59620-0513
Phone: 406-841-2367 Fax: 406-841-2309
E-MAIL: dlibsdboi@mt.gov
WEBSITE: <http://www.boileroperator.mt.gov/>

APPLICATION PROCEDURES FOR:

BOILER OPERATOR/ENGINEER

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

(Please allow 14 days for processing from the date that the office has a complete routine application)

INSTRUCTIONS FOR APPLICATIONS

1. Complete the application in its entirety. Incomplete applications will be returned.
2. Submit the application with the required fee. Make checks or money orders payable to:
BOILER OPERATOR PROGRAM.
3. Application and fee must be received at least two (2) weeks prior to the next scheduled examination date.
4. Approved applicants will be notified with an approval letter advising them of the next scheduled examination date within two (2) weeks after receiving the application.
5. Walk-ins will not be accepted for examination on the day of the examination.

EXAMINATION INFORMATION

Examinations are given on the first Friday of each month and are held at the Department of Labor and Industry, Business & Occupational Licensing Bureau, 301 S. Park, Helena, Montana, or arrangements can be made to take the examination at a Montana Job Service Office. All applications and fees must be received at least two (2) weeks prior to the examination date.

JOB SERVICE LOCATIONS: Anaconda, Billings, Bozeman, Butte, Cut Bank, Dillon, Glasgow, Glendive, Great Falls, Hamilton, Havre, Helena, Kalispell, Lewistown, Libby, Livingston, Miles City, Missoula, Polson, Shelby, Sidney, Thompson Falls, Wolf Point

SUGGESTED STUDY MATERIAL

Suggested study books and/or manuals from American Tech Books can be ordered by calling 1-800-323-3471 or online at <http://www.americanotech.org>

All Classes of Licensure

Low Pressure Boilers ©2001
By F.M. Steingress
ISBN 0-8269-4417-5

Third, Second and First Class License

High Pressure Boilers 3rd Edition
By F.M. Steingress, H.J. Frost, and
Daryl R. Walker
ISBN 0-8269-4300-4

**Both references are recommended as study material for Third, Second and First Class examinations.
Both references are published by American Technical Publishers Inc., Homewood Illinois 60403-4600**

APPROVED BOILER EDUCATION INSTRUCTORS

Billings	Dennis Lawrence	406-248-4330 (www.hvactechnologyinc.com)
Billings	Richard Rose	406-245-8340
Butte	Mike Doto	406-533-2969
Helena	Jim McGimpsey	406-442-6379
Helena	Chris Hahn	406-449-2976
Kalispell	Bill Roope	406-756-3968
Kalispell	Dennis Cornelius	406-261-7925
Missoula	Bill Fisher	406-258-6159
Three Forks	Lewis Rafferty	406-209-0323 (e-mail address: raffsboilerschool@yahoo.com)

RENEWAL INFORMATION

1. \$45.00 Annual Renewal Fee.
2. License expires ONE YEAR after the date of issuance.

REPLACEMENT OF LOST LICENSE

1. \$15.00

After your complete application is received to the above address, your application will be reviewed for approval. When all requirements have been met, you will receive an approval letter at your preferred mailing address indicating the date of examination (if in Helena) or a contact phone number for the Montana Job Service office that you selected. If you selected a Montana Job Service office, you will then need to contact the office to schedule the examination with the phone number provided to you in your admission letter.

Please note that it may take up to two (2) weeks for your application to be processed once it is received by this office.

In order to be eligible for the examination, an applicant must have the necessary experience under the proper class of a licensed boiler operator/engineer or meet other requirements prescribed by the Department of Labor & Industry, as required by Title 50, Chapter 4, Part 3, Montana Code Annotated.

EXPERIENCE MUST BE AT RATED SIZE OR ABOVE TO QUALIFY

CLASS	EXAM FEE	RATED SIZE	MINIMUM EXPERIENCE/QUALIFICATIONS
Low Pressure	\$60	Not in excess of 15 psi steam & water boilers operation not in excess 50 psi hot water & 250° temperature	Must be 18-years of age or older, and have one of the following: a) 3-months full-time experience (480 hours) in the operation of a boiler in this classification under an engineer who holds a valid low-pressure, or higher license, and pass a written examination, or; b) Completion of a training course approved by the Department of Labor & Industry specific to low pressure boilers, a minimum of 40-hours experience under a licensed boiler engineer, and pass a written examination.
Third Class	\$80	Not in excess of 150 psi steam, and water boilers operating not in excess of 160 psi and 350° temperature	Must be 18-years of age or older, and one of the following: a) 6-months full-time experience (960 hours) in the operation of a boiler in this classification under an engineer holding a valid third class or higher, and pass a written examination, or; b) Completion of a training course approved by the Department of Labor & Industry specific to third class boilers, a minimum of 40-hours experience under a licensed boiler engineer, and pass a written examination.
Second Class	\$100	Not in excess of 250 psi steam, water boilers operating not in excess of 375 psi and 450° temperature, and steam-driven machinery not to exceed 100 horsepower per unit except traction and hoisting engines	Must be 18-years of age and older, pass a written examination, and: a) have at least 2-years full-time experience in the operation of a boiler in this classification under an engineer holding a valid second or first class license, or; b) hold a third class license and have at least 1-year of full-time experience in the operation of a boiler in this classification under an engineer holding a valid second or first class license.
First Class	\$100	All classes, pressures & temperatures of steam & water boilers & steam driven machinery except traction-hoisting engines. (In excess of 250 psi steam, water boilers in excess of 375 psi, and 450° temperature, and steam driven machinery in excess of 100 horsepower per unit	Must be 18-years of age and older, pass a written examination, and: a) have at least 3-years full-time experience in the operation of a boiler in this classification under an engineer holding a valid first class license; b) hold a valid second class license and have at least 1-year of full time experience in the operation of a boiler in this classification under an engineer holding a valid first class license, or; c) hold a valid third class license and have at least 2-years full-time experience in the operation of a boiler in this classification under an engineer holding a valid first class license, and pass a written examination.
Agricultural Class	\$50	Not to exceed 150 psi saturated steam, not operated more than 6-months of the year, and operated only for the purposes of harvesting or processing of agricultural products.	Must be 18-years of age or older, and pass a written examination.
Traction	\$50	Any size	Must be 18-years of age or older, have at least 480 hours of experience in the operation of Steam Traction Engines, and pass a written examination

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E-mail: dlibsdboi@mt.gov
Website: <http://www.boileroperator.mt.gov/>

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(Please allow 14 days for processing from the date that the office has a complete routine application)

APPLICATION FOR: (Please Select One)

- | | |
|---|--|
| <input type="checkbox"/> Low Pressure Boiler Engineer \$60.00 | <input type="checkbox"/> First Class Boiler Engineer \$100.00 |
| <input type="checkbox"/> Third Class Boiler Engineer \$80.00 | <input type="checkbox"/> Agricultural Class Boiler Engineer \$50.00 |
| <input type="checkbox"/> Second Class Boiler Engineer \$100.00 | <input type="checkbox"/> Traction Engineer \$50.00 |

Social Security Number _____

Full Name _____
Last First Middle

Other Name(s) Known By _____

Gender _____ Date of Birth _____ Foreign ID Number _____

E-mail Address _____

Please indicate you preferred mailing address

____ Home

____ Business

Residential Information

Phone _____

Fax _____

Address _____

Zip Code _____

City, State _____

Business (Present Employer) Information

Phone _____

fax _____

Address _____

Zip Code _____

City, State _____

Business Name _____

If approved for examination, which location do you wish to take the examination (check one only):

- ☐ Montana Job Service (Indicate City) _____
☐ Department of Labor in Helena on first Friday of month.

All applicants must answer the following questions.

If you answer "yes", provide a detailed explanation on a separate sheet of paper:

		YES	NO
1.	Do you intend to practice in the State of Montana?	1.	<input type="checkbox"/> <input type="checkbox"/>
2.	Have you ever previously applied for a license to practice in Montana? If yes, give date, and results.	2.	<input type="checkbox"/> <input type="checkbox"/>
3.	Have you ever been denied licensure or the opportunity to take this profession's licensing examination in any state or country? If yes, attach an official document.	3.	<input type="checkbox"/> <input type="checkbox"/>
4.	Have you ever withdrawn an application for licensure? If yes, please give the state and reasons for withdrawal.	4.	<input type="checkbox"/> <input type="checkbox"/>
5.	Has a licensing agency ever taken adverse or disciplinary action against your license? If yes, attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.	5.	<input type="checkbox"/> <input type="checkbox"/>
6.	Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license during a disciplinary investigation of your practice, or entered into a consent agreement respecting your license during a disciplinary investigation? If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations.	6.	<input type="checkbox"/> <input type="checkbox"/>
7.	Has any legal or disciplinary action been filed against you, which relates to the propriety of, or your fitness to practice this profession (e.g., malpractice, etc.)? If yes, attach a detailed explanation of each instance including the date of claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.	7.	<input type="checkbox"/> <input type="checkbox"/>
8.	Do you have criminal charges pending or have you ever plead guilty, forfeited bond, or been convicted of a crime (Including a plea of no contest or deferred prosecution) whether or not an appeal is pending? You may omit: (1) payment of traffic misdemeanor fines and (2) charges or convictions prior to your 16 th birthday. If yes please attach a detailed explanation.	8.	<input type="checkbox"/> <input type="checkbox"/>
9.	Have you any physical or mental condition, which has adversely affected your ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation.	9.	<input type="checkbox"/> <input type="checkbox"/>
10.	Have you used alcohol or any other mood-altering substance in a manner, which adversely affected your ability to practice this profession? If yes, attach a detailed explanation.	10.	<input type="checkbox"/> <input type="checkbox"/>

TRAINING COURSES:

List any training courses you have completed, and a copy of the completion certificate.

Name of Course	Course Sponsor	Dates Attended

APPLICANTS APPLYING FOR AN AGRICULTURAL ENGINEER LICENSE MUST COMPLETE THE FOLLOWING SECTION:

AGRICULTURAL BOILER OPERATING/ENGINEER VERIFICATION

Employer/Business Name:
Employer/Business Address:
Phone Number:
List type of agricultural products being harvested or processed:

List the months and type of boilers being operated. May not exceed 150 psi saturated steam for more than six (6) months per year, and can only be operated for purposes of harvesting or processing of agricultural products.

Boiler Type	Operating Pressure	From:	To:

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Boiler Operator Program.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

For a verification upon oath or affirmation

State of _____
(County) of _____

Signed and sworn to (or affirmed) before me on _____ by
(name(s) of person(s) making statement) _____

(Seal)

(Signature of notarial officer)

Title (and Rank)

Residing at

[My commission expires: _____]

BOILER EXPERIENCE VERIFICATION

Low Pressure, Third Class, Second Class or First Class Engineer License

NOTE: THE LICENSED OPERATOR THAT THE APPLICANT TRAINED UNDER MUST COMPLETE THIS FORM

Name of Applicant: _____ Social Security Number: _____

Dates of Employment: From: _____ To: _____ Full-Time Part-Time

Employer/Business Name: _____

Employer/Business Address: _____

Phone Number: _____

Number of ACTUAL hours of experience obtained on the operation of a boiler each week: _____

List all types of boilers used by the applicant while under the above named employer. Attach additional information if necessary.

Boiler Type	Rated Operating Pressure	From	Dates Operated To

Name of Licensed Boiler Operator:

Address:

Phone Number:

License Number: _____ License Class: _____ Expiration Date: _____ State of Issuance: _____

AFFIDAVIT

I hereby declare under penalty of perjury that I have trained the above-named applicant and the applicant has obtained the necessary experience in the operation of a boiler as indicated above. In signing this affidavit, I am aware that a false statement or evasive answer to any question may lead to subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing.

Legal Signature of Licensed Boiler Operator

Date

Subscribed and sworn to me this _____ day of _____, _____ at

City/State

SEAL

Notary Public

For the State of

My Commission Expires _____, _____